



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR AESTHETICS INSTRUCTOR LICENSE BASED ON EXPERIENCE INSTRUCTION SHEET

When to File Application

Complete this application if you wish to apply for an Aesthetician Instructor license and you

- hold a *current* license as an Aesthetician in Delaware, and
- have at least 900 hours of aesthetics teaching experience that you obtained before June 28, 2010 (the date of enactment of the legislation) at a registered school ([24 Del. C. §5134](#)).

If any of your 900 hours of experience was obtained after June 28, 2010, it does not count. If you do not meet all of these requirements, you must [apply by examination](#).

Requirements for All Applicants

Please read these instructions carefully. Failure to follow instructions will delay processing of your application.

- ☐ Submit completed, signed, and notarized [Application for Aesthetics Instructor License Based on Experience](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to State of Delaware.
- ☐ Enclose a copy of **all current** licenses held in other jurisdictions (state, District of Columbia or U.S. territory).
- ☐ Arrange for the Board office to receive a license verification (also called letter of good standing) from **each** jurisdiction (state, District of Columbia or U.S. territory) where you now hold, *or have ever held*, an aesthetician license.
 - ***This requirement applies regardless of whether or not the license is current.***
 - The verification must be sent *directly* from the other jurisdiction to the Board office.
 - Use the *Verification of Licensure* form included with the application.
- ☐ Submit a notarized statement(s) on school letterhead, signed by a school official, verifying your teaching experience. The statement must list dates of employment and number of hours of teaching experience.
 - If a notarized statement is not obtainable (e.g., school is out of business), you may submit Tax Form W-2s showing your employment at a registered school. Include a notarized statement explaining why a school official's statement is not obtainable.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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APPLICATION FOR AESTHETICS INSTRUCTOR LICENSE BASED ON EXPERIENCE

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
First Middle Family (Last)
2. Other Names Used: _____
(Include maiden, former married names, alternative spellings.)
3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: _____
Street

City State Zip
6. Phone: _____ Email: _____

AESTHETICS TEACHING EXPERIENCE

7. Enter the following information about the school(s) where you gained the required 900 hours of aesthetics teaching experience prior to 6/28/2010.

SCHOOL NAME	ADDRESS	EMPLOYMENT DATES		HOURS OF EXPERIENCE
		From	To	

Submit a notarized statement on school letterhead, signed by a school official, verifying your teaching experience at each school listed above. The statement must list dates of employment and number of hours of teaching experience.

LICENSURE INFORMATION

8. List **each** jurisdiction (state, District of Columbia or territory of the United States) where you have ever held a license. (If you need more room, attach a separate sheet.)

ENTER JURISDICTION	IS THIS LICENSE CURRENT?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for the Board office to receive a verification of licensure directly from each jurisdiction listed. Use the *Verification of Licensure* form included with this application.

DISCLOSURES

9. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes ☐ No ☐ **Submit a certified copy of a criminal history record from each jurisdiction where you have a record. For information on obtaining a Delaware criminal history record, click on [State Bureau of Identification](#).**
10. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a statement explaining fully. Include copies of all appropriate records.**
11. Have you been the recipient of any administrative penalties (disciplines) regarding your practice your profession such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been a party to a 'consent agreement' containing conditions placed by a Board on your professional conduct and practice, including any voluntary surrender of a license? Yes ☐ No ☐ **If yes, submit a detailed explanation. Include copies of all appropriate records.**
12. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation. Include copies of all appropriate records.**
13. Do you have any impairment related to drugs or alcohol that would limit your ability to practice your profession? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-12 weeks to receive your license.

AFFIDAVIT

I certify that the information given by me in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Signature of Applicant: _____ **Date:** _____

State of _____ County or City of _____

_____, being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____ 2_____

Signature of Notary Public: _____

SEAL

My commission expires _____

APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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VERIFICATION OF LICENSURE

APPLICANT INFORMATION – This section is to be completed by the applicant.

Complete this section and send this request to the licensing agency in *each* state, District of Columbia, U.S. territory or other jurisdiction where you are now, or were ever, licensed to practice. *Enclose any fee that the jurisdiction may require.*

Name: _____
First Middle Last/Family

Mailing Address: _____
Street

_____ City State Zip

Where License Issued: _____ License Number: _____

LICENSE VERIFICATION – This section is to be completed by the Licensing Agency.

1. The person named above has been issued a licensed to practice as a(n):

☐ Cosmetologist ☐ Barber ☐ Nail Technician ☐ Aesthetician ☐ Electrologist

License No: _____ Issue Date: _____ Expiration Date: _____ Status: _____

Licensure Basis: ☐ Examination ☐ Reciprocity ☐ Other: _____ Total Hours: _____

2. The person named above has been issued a licensed to practice as a(n):

☐ Cosmetologist Instructor ☐ Barber Instructor ☐ Nail Technician Instructor
☐ Aesthetician Instructor ☐ Electrologist Instructor

License No: _____ Issue Date: _____ Expiration Date: _____ Status: _____

Licensure Basis: ☐ Examination ☐ Reciprocity ☐ Other: _____ Total Hours: _____

3. Is the license(s) above in good standing with no history of disciplinary action, past or pending?

Yes ☐ No ☐ **If no, enclose copies of relevant documentation of past/pending disciplinary action.**

Signature of Agency Representative: _____ Date: _____

Title: _____ State of: _____

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Return completed form *directly* to the Delaware Board of Cosmetology/Barbering at the address above.